

Bartlett (G. T.)

# GONGENITAL HYDROCEPHALUS.

A CASE IN PRACTICE.

— BY —

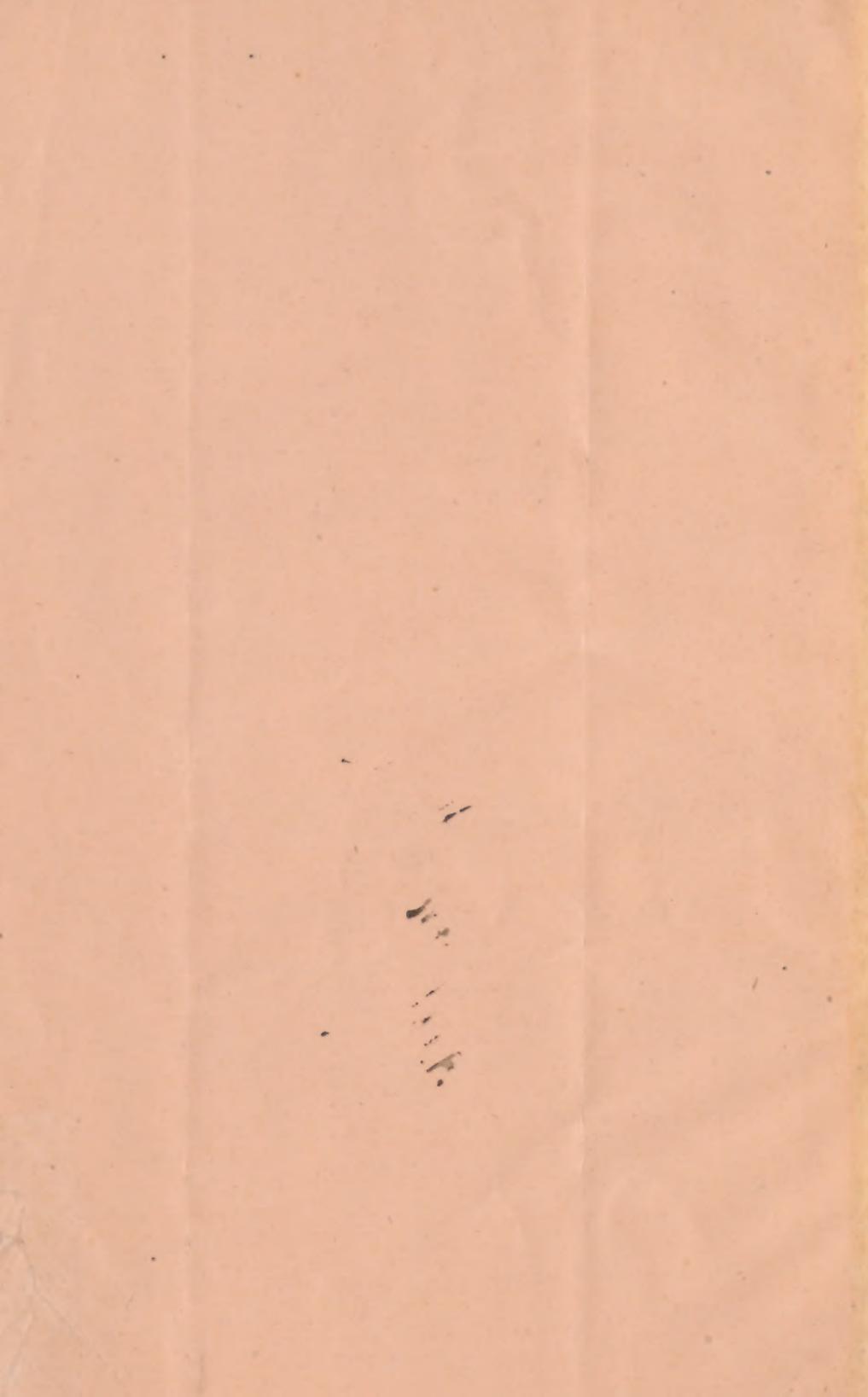
G. T. BARTLETT, M. D.,



READ BEFORE THE SOUTHEAST MISSOURI MEDICAL ASSOCIATION, AT  
MARBLE HILL, NOVEMBER 1, 1887.

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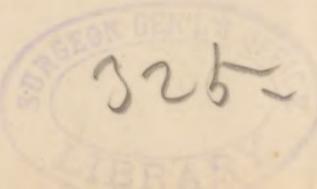
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Read Before the Southeast Missouri Medical Association, in Semi-  
Annual Session, at Marble Hill, November 1, 1887.

MR. PRESIDENT AND MEMBERS OF THE SOUTHEAST MISSOURI MED-  
ICAL ASSOCIATION:

It is with pleasure that I present to you to-day, for your consider-  
ation, a case of Congenital Hydrocephalus.

Mrs. B., aged 24 years, had been married twice, confined three times. No trouble until the last. One child by first marriage—easy birth and a healthy child. First child by second marriage the same. On the 2nd day of August last I was called to see Mrs. B. I found Dr. C. N. Jenkins in charge of the patient, and I gleaned from him the following facts: That he had been called



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several hours before and found the patient in charge of a midwife, who informed him that the lady had been in hard labor for several hours before his arrival. He found a breech presentation, the breech having descended low in the inferior strate. The labor progressed slowly until the child's whole body, except the head, when the progress of the child \* ceased; and the child had naturally perished in this precarious condition. The pains were hard and the uterus was contracting with sufficient force to expel a child in any ordinary labor.

I found by palpation the uterus unusually large at this stage of labour, considering the expulsion of all of the child (except the head) and the *liquor Amnii*.

Dr. Jenkins had concluded that he had a twin birth to deal with and in all probability the head of the second child had dropped into the pelvis and engaged the head of the first child, and checked the progress of labor. But the peculiar roundness of the uterus, and no outlines of the second child, nor any pulsation of the child's heart, together with a peculiar hardness, exceeding ordinary labor, naturally raised some doubts at this advanced stage, of the correctness of the diagnosis. I was inclined at first to accept the conclusion of Dr. Jenkins on my first impression, but as I began a more critical examination I began to doubt, and serious questions began to present themselves for some solution of the grave problems now before us.

Our first conclusion was to administer an anesthetic of alcohol, chloroform and ether. This was supervised by Dr. Jenkins while I made a further and more thorough examination, by carrying my right hand into the vaginal up as high as neck of the womb, where I found the child's neck grasped by the os. By some manipulation I succeeded in relaxing the os sufficiently to pass my index finger around the base of the skull, when, to my surprise, I found the head of the child large enough to engage all of the upper por-

\* It was a male child,

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tion of the superior strate of the pelvis. I was not able to reach any suturus of the head on the account of the great contraction of the uterus, that had greatly increased under the influence of the anesthetic. My only conclusion now reached, and I so expressed myself to Dr. Jenkins, was that we had a case of Congenital Hydrocephalus to deal with, and our only hope of success, for the safety of the mother, was to perforate the cranium in some way, and dispose of this superabundance of water, and then attend to the delivery of the head, and free it from its prison walls. My only instrument at hand was a pair of lateral curved scisors, such as you all doubtless carry in your pocket cases, and with this little instrument in the palm of my right hand, I carried it through the vaginal and into the uterus, high enough to reach the right ear of the child, when partially guided by the *Meatus Auditorius Externus*, I plunged the points of the instrument through the base of the skull into the cranium. I forced the points of the scisors apart as far as I could without success. I then forced my index finger through the rent when my anticipations were crowned with success, and "the waters came forth," and by the powerful contractions of the uterus the head was collapsed and disengaged, and rapidly passed through the inferior strait into the world.

We had no means at hand by which to weigh the child, but by the permission of the father, we refilled the cranium with water, and closed the rent with a few sutures. The child was small, but well developed, except this monstrous head, only the child had the appearance of having been poorly nourished in utero. The face of the child was small and the features pinched in appearance. By the application of a tape we found the circumference of the head  $23\frac{1}{2}$  inches in every direction, shoulders  $12\frac{1}{2}$  inches, hips 11 inches, and length of whole body  $22\frac{5}{8}$  inches.

Gentlemen, this is an extraordinary case of preternatural labor, and is full of interest to the ordinary country physician. It is the only case that has come under my observation in a general practice for a period of more than thirty years, and I must here admit

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that my first impression led me to the same conclusion that my young friend, Dr. Jenkins, had formed before my arrival. And it was only by mutual perseverance in our more thorough examination that the correct facts were reached and a full and correct diagnosis reached.

We are all inclined to look upon labor as a natural function and the resources of the organism are usually sufficient for its accomplishment. But this is evidently one of those peculiar cases, that interferes with the works of nature and renders the process difficult, dangerous, or even wholly impossible.

Some of our learned authors look upon the diagnosis of this peculiar pathological abnormality of uterine orrigan as an easy thing and not difficult or clouded in obscurity. But for the majority of country physicians, as we are, not enjoying the advantages of a large hospital practice, such a diagnosis would present serious difficulties.

Gentlemen, in conclusion let me say to you, if I had the time I would tabulate the many cases that I could collect from standard authors and the encyclopedia of obstetrics, and, also, I could treat at length upon the pathology of this malady, and the different modes of treating Hydrocephalus. But I would only be going over the trodden ground of others, taking abstracts here and there, and repetitions from known authors whose works are at your hands, "the shoes of whom I would be unworthy to stoop down and unloose."

I did not see the patient any more, but I was fully advised by Dr. Jenkins, who informed me that the lady had no serious trouble after her delivery, and at this date enjoys good health.



